2842

PART B - FEE(S) TRANSMITTAL

send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Complete and Commissioner for Patents P.O. Box 1450 APR 2 4 2007 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

It is form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where there correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for ISTRUCTION tee notifications.

FIRST NAMED INVENT

Frank Brady

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)

36335

APPLICATION NO.

10/539,163

7590

01/25/2007

GE HEALTHCARE, INC. IP DEPARTMENT 101 CARNEGIE CENTER PRINCETON, NJ 08540-6231 Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

| | LORINALCAIRE | (Depositor's name) |
|----|---------------------|--------------------|
| | Tow allaine | (Signature) |
| | April 24,20 | 07 (Date) |
| OR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |

PH2107

TITLE OF INVENTION: SOLID-PHASE PREPARATION OF [18F] FLUOROHALOALKANES

FILING DATE

06/14/2005

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE | |
|---|---|--|--|--|---|--------------------------|--|
| nonprovisional | NO | \$1400 | \$300 | \$0 | \$1700 | 04/25/2007 | |
| EXAMINER ART UNIT | | ART UNIT | CLASS-SUBCLASS | 04/25/2007 TBESHAH2 00000076 502665 1053 | | | |
| NAGUBANDI, LALITHA 1621 | | 570-101000 | 01 FC:15 | 01 1409.00 I |)A | | |
| 1. Change of correspondence address or indication of "Fee Address" (37 | | 2. For printing on the patent front page, list | | | | | |
| CFR 1.363). Change of correspondence address (or Change of Correspondence | | | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, | | | | |
| Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | |
| 3. ASSIGNEE NAME A | ND RESIDENCE DATA | A TO BE PRINTED ON | THE PATENT (print or typ | e) | | | |
| PLEASE NOTE: Un recordation as set fort | less an assignee is ident th in 37 CFR 3.11. Com | ified below, no assignee pletion of this form is NC | data will appear on the pa of a substitute for filing an | atent. If an assignee is id | lentified below, the docu | iment has been filed for | |
| (A) NAME OF ASSI | GNEE | | (B) RESIDENCE: (CITY | = | | | |
| HAMME | esmith I | manet L | td. | LANDO | N GREA | + Britain | |
| //// | | | | | ′ | | |
| Please check the appropr | iate assignee category or | categories (will not be p | rinted on the patent): | Individual (Corporation | on or other private group | entity Government | |
| 4a. The following fee(s) | are submitted: | 4 | b. Payment of Fee(s): (Plea | se first reapply any prev | iously paid issue fee sho | wn above) | |
| Issue Fee | | | A check is enclosed. | | | | |
| Publication Fee (No small entity discount permitted) | | Payment by credit card. Form PTO-2038 is attached. | | | | | |
| Advance Order - # of Copies | | | | | ency, or credit any ttra copy of this form). | | |
| 5. Change in Entity Sta | tus (from status indicate | i above) | | · · · · · · · · · · · · · · · · · · · | · | | |
| a. Applicant claim | is SMALL ENTITY stati | is. Sec 37 CFR 1.27. | b. Applicant is no long | er claiming SMALL ENT | TTY status. See 37 CFR | 1.27(g)(2). | |
| NOTE: The Issue Pee an interest as shown by the | d Publication Fee (if requeecords of the United Sta | uired) will not be accepte tes Patent and Trademark | d from anyone other than th | | | | |
| Authorized Signature | | | | Date Apk | eic 24,20 | 007 | |
| Typed or printed name | e Li CA | ; | | Registration No. | 45,629 | | |
| This collection of inform | ation is required by 37 C | FR 1.311. The information | on is required to obtain or re | tain a benefit by the publi | c which is to file (and by | the USPTO to process) | |

an application. Confidentiality is governed by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.